

## How Healthy Are You?

The following test will help you assess your current health and energy. Check the applicable box for each question. Please answer as honestly and completely as you can.

### Section 1: Overall Health and Energy

1. How would you rate your current level of health?

	Poor (1)		Average (2)		Good (3)		Very good (4)		Excellent (5)
--	----------	--	-------------	--	----------	--	---------------	--	---------------

2. Compared to *five years ago*, how would you rate your level of health?

	A lot worse (1)		A little worse (2)		The same (3)		A little better (4)		A lot better (5)
--	--------------------	--	-----------------------	--	-----------------	--	------------------------	--	---------------------

3. Compared to *ten years ago*, how would you rate your level of health?

	A lot worse (1)		A little worse (2)		The same (3)		A little better (4)		A lot better (5)
--	--------------------	--	-----------------------	--	-----------------	--	------------------------	--	---------------------

4. How long has it been since you felt your health was at an optimum level?

	Six months or less (5)		1 year (4)		2 years (3)		5 years (2)		More than 5 years (1)
--	---------------------------	--	------------	--	-------------	--	----------------	--	--------------------------

5. How would you rate your current levels of energy?

	Poor (1)		Average (2)		Good (3)		Very good (4)		Excellent (5)
--	----------	--	-------------	--	----------	--	---------------	--	---------------

6. Compared to *five years ago*, how would you rate your levels of energy?

	A lot worse (1)		A little worse (2)		The same (3)		A little better (4)		A lot better (5)
--	--------------------	--	-----------------------	--	-----------------	--	------------------------	--	---------------------

7. Compared to *ten years ago*, how would you rate your levels of energy?

	A lot worse (1)		A little worse (2)		The same (3)		A little better (4)		A lot better (5)
--	--------------------	--	-----------------------	--	-----------------	--	------------------------	--	---------------------

**Scoring:** Add up the numbers that correspond to each of your answers above. The closer your total score is to 35, the greater your overall health and energy is. Conversely, the lower your score is, the greater your need to improve your health and energy.

## Section 2: Emotional Health and Wellness

8. How do you feel about your life in general?

	Terrible (1)		Mediocre (2)		Good (3)		Very good (4)		Excellent (5)
--	-----------------	--	--------------	--	----------	--	---------------	--	---------------

9. Describe how you feel about these issues:

	Great	Okay	Problem	Comments: Why did you give this ranking?
Spouse	(5)	(3)	(1)	
Significant other	(5)	(3)	(1)	
Children	(5)	(3)	(1)	
Work	(5)	(3)	(1)	
Sex Life	(5)	(3)	(1)	
Finances	(5)	(3)	(1)	

10. How would you describe your current stress level?

	Low (5)		Moderate (4)		High (2)		Very high (1)
--	---------	--	--------------	--	----------	--	---------------

11. What emotional or stress-related factors are of concern to you currently?

---

12. What do you do to reduce stress in your life?

---

**Scoring:** Add up the numbers that correspond to each of your answers above. The closer your total score is to 35, the greater your overall health and energy is. Conversely, the lower your score is, the greater your need to improve your emotional health and how you deal with stress. Pay attention to the written answers you gave for this section, too, because they provide clues to what you most need to do to make improvements in this area of your well-being.

**Section 3: Your Current Lifestyle**

13. Rank your enjoyment of your work:

	Low (1)		Moderate (2)		High (4)		Very high (5)
--	---------	--	--------------	--	----------	--	---------------

14. How much of your work day is spent sitting?

	Less than 1 hour (5)		1 to 2 hours (4)		2 to 4 hours (3)		4 to 6 hours (2)		More than 6 hours (1)
--	----------------------	--	------------------	--	------------------	--	------------------	--	-----------------------

15. How much time do you spend on a cell/mobile phone?

	Less than 1 hour (5)		1 to 2 hours (4)		2 to 4 hours (3)		4 to 6 hours (2)		More than 6 hours (1)
--	----------------------	--	------------------	--	------------------	--	------------------	--	-----------------------

16. Do you have a headset or Bluetooth? \_\_\_\_\_Yes (1) \_\_\_\_\_No (5)

17. How many hours do you spend in front of a computer screen each day?

	Less than 1 hour (5)		1 to 2 hours (4)		2 to 4 hours (3)		4 to 6 hours (2)		More than 6 hours (1)
--	----------------------	--	------------------	--	------------------	--	------------------	--	-----------------------

18. How much time do you spend each day online?

	Less than 1 hour (5)		1 to 2 hours (4)		2 to 4 hours (3)		4 to 6 hours (2)		More than 6 hours (1)
--	----------------------	--	------------------	--	------------------	--	------------------	--	-----------------------

19. How much time do you spend watching television each day?

	Less than 1 hour (5)		1 to 2 hours (4)		2 to 4 hours (3)		4 to 6 hours (2)		More than 6 hours (1)
--	----------------------	--	------------------	--	------------------	--	------------------	--	-----------------------

20. How often do you exercise each week?

	I don't exercise (1)		Once or twice a week (2)		3 times a week (3)		4 times a week (4)		More than 4 times a week (5)
--	----------------------	--	--------------------------	--	--------------------	--	--------------------	--	------------------------------

21. Do you do exercise both aerobically and anaerobically? \_\_\_\_\_ Yes (5)

\_\_\_\_\_ No (3)

22. How long is a typical exercise session?

	Less than 15 minutes (1)		15 to 30 minutes (2)		30 to 45 minutes (3)		45 minutes to 1 hour (4)		More than 1 hour (5)
--	--------------------------	--	----------------------	--	----------------------	--	--------------------------	--	----------------------

23. How long have you been exercising regularly?

	I don't exercise (1)		Less than 6 months (2)		6 months to a year (3)		1 to 3 years (4)		More than 3 years (5)
--	----------------------	--	------------------------	--	------------------------	--	------------------	--	-----------------------

24. Do you enjoy exercising? \_\_\_\_\_ Yes (5)      \_\_\_\_\_ No (1)

25. How often do you have bowel movements?

	My bowel movements are every third day (1)		Every other day(2)		Once a day (3)		Twice a day (4)		Three times a day (5)
--	--	--	--------------------	--	----------------	--	-----------------	--	-----------------------

26. How much water do you drink per day? (Do not include other beverages.)

	I don't drink water (1)		Less than 1 liter (2)		1 liter (3)		2 liters (4)		3 or more liters (5)
--	-------------------------	--	-----------------------	--	-------------	--	--------------	--	----------------------

27. What kind of water do you drink?

	Fluoridated tap water (1)		Unfluoridated tap water (2)		Bottled water (3)		Filtered water (4)		Filtered, Ionized, Alkaline Water (5)
--	---------------------------	--	-----------------------------	--	-------------------	--	--------------------	--	---------------------------------------

29. Do you have a water purifier? \_\_\_\_\_ Yes (5) \_\_\_\_\_ No (1)

If so, what kind (reverse osmosis, charcoal filter, distiller, etc.)?

---

30. Do you use an electric blanket? \_\_\_\_\_ Yes (1) \_\_\_\_\_ No (5)

31. Do you have any allergies or sensitivities to drugs, supplements, herbs, foods,

pollens, animals, or chemicals? \_\_\_\_\_ Yes (1) \_\_\_\_\_ No (5)

If so, what are you allergic to?

---

**Scoring:** Add up the numbers that correspond to each of your answers above. The closer your total score is to 90, the healthier your overall lifestyle is. Conversely, the lower your score is, the greater your need to improve your lifestyle choices. Pay attention to the written answers you gave for this section because they provide clues to what you most need to do to make

improvements in this area.

32. FOR WOMEN ONLY: What percentage of time in a 24-hour day do you wear a bra?

	I don't wear a bra. (5)		Less than 25 percent (4)		25 to 50 percent (3)		50 to 75 percent (2)		More than 75 percent (1)
--	----------------------------	--	-----------------------------	--	----------------------	--	----------------------	--	--------------------------

**Scoring:** A growing body of research indicates that bras, especially those that contain metal in them, can negatively impact health because of how they block the flow of circulation within the lymphatic system. Bra-wearing has been linked to an increased risk of breast cancer, as well as a greater and prolonged incidence of back and shoulder pain, as well as headache and migraine because of the way bras constrict and put pressure on the back and shoulders. The lower percentage of time that you wear a bra each day, the better.

#### Section 4: Hormonal and Other Symptoms

*(Please check any that apply.)*

33. Symptoms of estrogen deficiency:

	hot flashes		Depression
	warm rushes		headaches & migraines
	temperature swings		heart palpitations
	night sweats		vaginal dryness
	kicking covers off at night		weight gain
	trouble falling asleep		intestinal bloating
	racing mind at night		back & joint pain
	mental fogginess		diminished sexuality & sensuality

34. Symptoms of estrogen excess:

	breast tenderness [especially central]		breast swelling or enlarging
	water retention & swelling		impatient & snappy though with clear mind

pelvic cramps	nausea
---------------	--------

35. Symptoms of progesterone deficiency:

difficulty sleeping	anxiety & nervousness
no period	cystic breasts
infrequent period	painful breasts
shorter cycle	endometriosis
frequent & heavy periods	fibroids
spotting before period	PMS

36. Symptoms of testosterone deficiency:

diminished sex drive	flabbiness
diminished energy & stamina	diminished sense of security
diminished coordination & balance	Indecisiveness
diminished armpit, pubic & body hair	facial hair loss
diminished love of your body image	muscle weakness

37. Symptoms of adrenal fatigue:

trouble adapting to stress	unexplained anxiety
fatigue/exhaustion unrelieved by sleep	loss of sex drive
confused thinking	restless hands or legs
drop in productivity	increased allergies/allergic reactions
nervous under pressure	headache
nervous stomach/indigestion	low blood pressure
decreased tolerance for cold	suddenly run out of energy
difficulty sleeping	tired when you don't eat regularly
increased irritability	frequent/recurring colds or other illnesses
unexplained nausea	bruise more easily
difficulty getting up in the morning	crave sweets, caffeine

38. Symptoms of thyroid deficiency:

weight gain	vertical ridges on nails
fatigue	fingernails weak, breaking, splitting, or peeling
hands and feet often cold	hair falling out or thinning
energy drop in the morning	memory problems
constipation	loss of sex drive
muscles weak or prone to cramping	outside portion of eyebrows thinning or gone

39. Symptoms of insulin resistance:

extra weight in the abdominal area	put on weight easily and have difficulty losing it
fluid retention	sleepy after eating
food cravings	mental confusion
mood swings	hypertension
frequent urination	food allergies
irregular menstrual periods	

40. Symptoms of low HGH:

low energy	decreased tissue healing
decreased strength	comprehension challenges
decreased exercise tolerance	increased emotionality
decreased muscle or bone mass	lack of focus
anxiety/depression	lack of follow-through on tasks
thin, dry skin	decreased libido and sexual function
impaired concentration/memory	increased body fat and weight (around waist)

41. Symptoms of acidosis and body toxicity:

cardiovascular damage	free radical damage
weight gain/obesity	hormone concerns
diabetes	premature aging
yeast/fungal overgrowth	osteoporosis
immune deficiency	joint pain
low energy	aching muscles
chronic fatigue	slow digestion and elimination
bladder and kidney conditions, including kidney stones	

**Scoring:** Count up the number of symptoms you have in each of the above categories, then note which categories you have the most symptoms within. Those categories are where your greatest health problems lie. Take note of them so that you will know how which areas of your health to focus on first with regard to the self-care techniques I share in the rest of this book.

**Section 5: Past and Current Medications**

42. Please list any medications that you are currently taking (include birth control pills and nonprescription drugs, including vitamins/supplements). Indicate the dosage, length of time taking the medication, and frequency of use.

Medication name & type	Dosage	Length of time taking it	Frequency of use

43. Have you ever had a frequent or prolonged use of the following drugs? If so, provide your age at the time and for how you took them.

Medication name	Age when taking	Length of time taking it	Frequency of use
Antibiotics			
Antihistamines			
Cortisone			
Prednisone			
Steroids			

## Section 6: Current State of Health and Beliefs about Healing

44. How old do you feel in relation to your contemporaries?

Significantly younger than people my age (5)	Somewhat younger than people my age (4)	About the same as people my age (3)	Somewhat older than people my age (2)	Significantly older than people my age (1)
--	---	-------------------------------------	---------------------------------------	--

45. How long since you've felt really well?

Six months (5)	1 year (4)	2 years (3)	5 years (2)	More than 5 years (1)
----------------	------------	-------------	-------------	-----------------------

46. What percentage of your body's healing power do you feel you are using now?

100% (5)	75% (4)	50% (3)	25% (2)	Less than 25% (1)
----------	---------	---------	---------	-------------------

47. How long do you think it will take for you to regain your health?

3 months (5)	6 months (4)	1 year (3)	2 years (2)	More than 2 years (1)
--------------	--------------	------------	-------------	-----------------------

**Scoring:** Add up the numbers that correspond to each of your answers above. The closer your total score is to 20, the greater your health and your beliefs about health and healing are.

Conversely, the lower your score is, the greater your need to improve your health and examine your beliefs.

48. What lifestyle/dietary changes do you think you need to regain your health?

---

49. How will your life be different when you reach a state of optimal health?

---

Answering these questions should give you a clear sense of where you stand as far as your health, energy, and youthfulness are concerned. Hopefully, it will galvanize you to read the rest of this book and to put its principles and suggestions into practice.